

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-20

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

For Official Use Only

AUG 15 2005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6937	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name JOHN R. WENDE P.O. Box, Bldg., Room No., if any 459 Street 1000 HENDRICKS CAUSEWAY City RIDGEFIELD State N.J. ZIP Code + 4 07657	4. Name, file number, and address of labor organization. Name PIPEFITTERS LOCAL UNION 274 Labor Organization File Number 035-654 P.O. Box, Building and Room Number, if any 459 Street 1000 HENDRICKS CAUSEWAY City RIDGEFIELD State N.W. ZIP Code + 4 07657
5. Position in labor organization. BUSINESS MANAGER/FINANCIAL SECRETARY-TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: NONE P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. NONE 7.b. Amount. NONE

Signature

John Wend

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

John Wend

8/10/05

201-943-4700

Name of Person Filing	JOHN WENDE	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name BANK OF AMERICA Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 210 MAIN ST City HACKENSACK State NJ ZIP Code + 4 07601	9. Business deals with: a. Labor Organization <u>XX</u> b. Trust <u>XX</u> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LOCAL 274 PENSION, WELFARE AND ANNUITY Trade Name, if any: P.O. Box, Bldg., Room No., if any 459 Street 1000 HENDRICKS CAUSEWAY City RIDGEFIELD State NJ ZIP Code + 4 07657	11.a. Nature of such dealing. INVESTMENT MANAGER FOR A PERCENTAGE OF EACH TRUST FUND 11.b. Approximate dollar value of such dealing. \$25 EACH 12.a. Nature of interest held or income received. MEAL FOR LUNCHESES - 4 12.b. Amount. \$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MECHANICAL CONSTRUCTORS ASSOCIATION OF NEW JERSEY Trade Name, if any: P.O. Box, Bldg., Room No., if any 390 Street 211 MOUNTAIN AVE City SPRINGFIELD State NJ ZIP Code + 4 07081-0390	14.a. Nature of payment. ANNUAL INDUSTRY CHRISTMAS DINNER \$83.66 12/15/04 ANNUAL DAY AT THE RACES \$84.88 7/7/04 14.b. Amount of payment. \$168.54
EMPLOYER ASSOCIATION IS THE BUS AN EMPLOYER - YES	